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2 BEASLEY ALLEN PC	2 JUDITH WOLF, M.D.
3 BY: MARGARET M. THOMPSON, M.D., ESQUIRE	3 September 13, 2021
4 margaret.thompson@beasleyallen.com	4
5 218 Commerce Street	5 APPEARANCES 2
6 Montgomery, Alabama 36104	6 PROCEEDINGS 10
7 (334) 269-2343	7
8 Counsel for Plaintiffs	8 EXAMINATION OF JUDITH WOLF, M.D.:
9 ONDERLAW LLC	9 BY MR. ZELLERS 10
10 BY: CYNTHIA L. GARBER, ESQUIRE	10
11 garber@onderlaw.com	11 CERTIFICATE 424
12 12 Corporate Plaza Drive	12 ERRATA 426
13 Suite 275	13 ACKNOWLEDGMENT OF DEPONENT 427
14 Newport Beach, California 92660	14 LAWYER'S NOTES 428
15 (949)688-1799	15
16 Counsel for Plaintiffs	16
17 ASHCRAFT & GEREL LLP	17
18 BY: MICHELLE PARFITT, ESQUIRE	18
19 mparf@aol.com	19
20 1825 K Street NW,	20
21 Suite 700	21
22 Washington, D.C. 20006	22
23 (202)783-6400	23
24 Counsel for Plaintiffs	24
25	25
17 BLASINGAME BURCH GARRARD & ASHLEY PC	
18 BY: SARA SCHRAMM, ESQUIRE	
19 sschramm@bbga.com	
20 440 College Avenue	
21 Suite 320	
22 Athens, Georgia 30601	
23 (706)354-4000	
24 Counsel for Plaintiffs	
25	
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1 perspective are mutations, but cancerous
 2 changes from someone else's perspective might
 3 mean that the cells don't necessarily have
 4 obvious mutations, but change in the way that
 5 the cells grow.
 6 So which of those is what
 7 you're asking me?
 8 BY MR. ZELLERS:
 9 Q. Well, are you making that
 10 assumption, that Dr. Saed's research
 11 establishes that talc is causing cancerous
 12 changes in the cells? Is that an assumption
 13 that you're making to support your opinions
 14 in this case?
 15 DR. THOMPSON: Object to form.
 16 A. So these two posters support my
 17 opinion that talc causes ovarian cancer.
 18 This one by -- showing p53 -- evidence of p53
 19 mutation and increased cell growth, and this
 20 one by showing anchorage-independence growth.
 21 These are a part of the data
 22 that supports my opinion that ovarian cancer
 23 is -- can be caused by talcum powder.
 24 BY MR. ZELLERS:
 25 Q. And you believe an objective

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1 independent scientist would conclude that
 2 there's sufficient information in these two
 3 posters to reach that conclusion?
 4 DR. THOMPSON: Object to form.
 5 A. Well, I would say some would
 6 and some wouldn't, because scientists all
 7 have their own opinion and interpretation.
 8 BY MR. ZELLERS:
 9 Q. All right. You have been asked
 10 to render case-specific opinions in
 11 Bondurant, Gallardo and Judkins that are
 12 pending in the MDL; is that right?
 13 A. Yes.
 14 Q. You've also been asked to
 15 render a case-specific opinion in the Swann
 16 case pending in Missouri; is that right?
 17 A. Yes.
 18 Q. Since your last deposition, you
 19 agree that your professional community
 20 organizations and professional organizations
 21 have not identified talc as a risk factor for
 22 ovarian cancer?
 23 DR. THOMPSON: Object to form.
 24 A. They have not. As far as I'm
 25 aware, none of them have done a complete

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1 review of or assessment of talc as a risk
 2 factor, and they're silent on the issue.
 3 BY MR. ZELLERS:
 4 Q. Well, the Society of
 5 Gynecologic Oncologists has not identified
 6 talc as a risk factor for ovarian cancer,
 7 correct?
 8 DR. THOMPSON: Object to form.
 9 A. They have not.
 10 BY MR. ZELLERS:
 11 Q. ACOG has not identified talc as
 12 a risk factor for ovarian cancer, correct?
 13 DR. THOMPSON: Object to form.
 14 MS. GARBER: Object to the
 15 form.
 16 A. They have not, but I'm going to
 17 say again that I'm not aware that they've
 18 done any kind of review of the literature to
 19 determine that.
 20 BY MR. ZELLERS:
 21 Q. They're --
 22 A. They're just silent.
 23 Q. The National Cancer Institute
 24 has not identified talc as a risk factor for
 25 ovarian cancer, correct?

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1 DR. THOMPSON: Object to form.
 2 A. They have not.
 3 BY MR. ZELLERS:
 4 Q. The National Ovarian Cancer
 5 Coalition has not identified talc as a risk
 6 factor for ovarian cancer, correct?
 7 DR. THOMPSON: Object to form.
 8 A. They have not. And that's an
 9 advocacy group and they generally follow what
 10 the SGO says.
 11 BY MR. ZELLERS:
 12 Q. Centers for Disease Control,
 13 the CDC, has not identified talc as a risk
 14 factor for ovarian cancer; is that right?
 15 DR. THOMPSON: Object to form.
 16 MS. GARBER: Object to the
 17 form.
 18 A. They have not.
 19 BY MR. ZELLERS:
 20 Q. MD Anderson is where you
 21 received training and then practiced for a
 22 number of years; is that right?
 23 A. Yes.
 24 Q. MD Anderson has not identified
 25 talc as a risk factor for ovarian cancer,

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1 BY MR. ZELLERS:

2 Q. You would agree that we cannot
3 identify all the things that cause mutations
4 leading to ovarian cancer, correct?

5 DR. THOMPSON: Object to form.

6 A. We cannot, but we also know
7 that age is a risk factor, and age increases
8 mutations, so -- and the older that women
9 get, the more likely they are to get ovarian
10 cancer, as with many cancers, because aging
11 is a risk factor for any cancer.

12 BY MR. ZELLERS:

13 Q. There's a number of recognized
14 risk factors for ovarian cancer, correct?

15 A. Yes.

16 Q. Whether a particular risk
17 factor actually is a cause of a woman's
18 ovarian cancer, we generally just don't know,
19 correct?

20 DR. THOMPSON: Object to form.

21 MS. GARBER: Objection.

22 A. I think that's a hard -- I
23 think it's hard to say. If somebody is 95
24 and they have no other risk factors and they
25 get ovarian cancer, I'm going to say it's the

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1 fact that she's 95.

2 BY MR. ZELLERS:

3 Q. But you can't prove that as a
4 cause, can you?

5 DR. THOMPSON: Object to form.

6 A. No, I can't prove that as a
7 cause.

8 BY MR. ZELLERS:

9 Q. You can't exclude a genetic
10 mutation, right?

11 A. Well, if she has a genetic
12 mutation, it's hard to say for sure that's
13 the cause.

14 Q. All right. You're not of the
15 view that scientists completely understand
16 what causes ovarian cancer, correct?

17 A. I'm not of the view that
18 scientists completely understand almost any
19 human cancer.

20 Q. If you look at the percentage
21 of ovarian cancers that we think we can
22 reasonably and scientifically attribute to a
23 known cause, that's pretty small, correct?

24 MS. PARFITT: Objection.

25 DR. THOMPSON: Object to form.

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1 A. So, I mean -- so I think we can
2 assume that 10 to 15% might be related to an
3 inherited mutation and 10% talc and
4 another -- I don't know what percent is age,
5 but since that's a big risk factor, there's
6 some percentage that I would say is age.

7 But, yes, you can't always say
8 a hundred percent for sure what causes what.

9 BY MR. ZELLERS:

10 Q. Based upon your review of the
11 literature, what is the percentage of cancers
12 that are caused by age, ovarian cancer?

13 DR. THOMPSON: Object to form.

14 A. Well, the average age is 62 or
15 63, so I don't know that there's a percentage
16 that's caused by age.

17 BY MR. ZELLERS:

18 Q. If there are many causes that
19 we cannot identify now today, how can you
20 ever conclude that talc caused an individual
21 woman's ovarian cancer?

22 DR. THOMPSON: Object to form.

23 A. Because that is something that
24 we know can cause ovarian cancer, and if
25 somebody used it and it's found in her

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1 tissues and she used it throughout her
2 reproductive life when her tract was open and
3 it was before she developed ovarian cancer
4 and it's a known cause, then same thing that
5 if somebody has a BRCA mutation and that's
6 the only risk factor that they have, I can
7 say that that's the cause.

8 BY MR. ZELLERS:

9 Q. You can't say for sure in any
10 individual case, can you, that talc caused
11 ovarian cancer?

12 DR. THOMPSON: Object to form.

13 MS. GARBER: Object to the
14 form.

15 A. That's the only thing -- I'm
16 going to say yes.

17 BY MR. ZELLERS:

18 Q. That you can tell for sure that
19 a woman who used talc developed ovarian
20 cancer because of the talc use? That's
21 something you're comfortable that you can
22 tell for sure?

23 DR. THOMPSON: Objection.

24 MS. GARBER: Objection.

25 A. I am comfortable for sure

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1 saying that if a woman used talc and she --
2 especially when it's found in her tissue,
3 that, yes, that is a cause of her cancer, of
4 her ovarian cancer.
5 BY MR. ZELLERS:
6 Q. Would you agree that not all
7 women who use talc get ovarian cancer?
8 A. I would. And I would agree
9 that all women who have a BRCA mutation don't
10 get ovarian cancer either.
11 Q. It's certainly possible to have
12 a risk factor for ovarian cancer and not get
13 ovarian cancer, correct?
14 A. Yes, and it's -- it's possible
15 to have a protective factor against ovarian
16 cancer and still get ovarian cancer.
17 Q. Put another way: Just because
18 a woman has a risk factor doesn't mean that
19 that risk factor is going to cause the
20 disease; fair?
21 A. I think that's putting it
22 another way. What I said before -- I'm
23 standing by what I said the first time you
24 asked the question.
25 Q. Sure. Let me ask a new

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1 question, then, so we've got a clean record.
2 A. Okay.
3 Q. Just because a woman has a risk
4 factor for ovarian cancer, that doesn't mean
5 that that risk factor is going to cause the
6 disease, correct?
7 DR. THOMPSON: Object to form.
8 A. So that is true. A woman can
9 have endometriosis, which is a risk factor,
10 and not get ovarian cancer.
11 BY MR. ZELLERS:
12 Q. And you could have a risk
13 factor for ovarian cancer and get cancer from
14 something totally different, correct?
15 DR. THOMPSON: Object to form.
16 A. That's -- that is a little bit
17 more difficult to conceive.
18 BY MR. ZELLERS:
19 Q. Really? That's your testimony?
20 DR. THOMPSON: Object to form,
21 argumentative.
22 BY MR. ZELLERS:
23 Q. I don't mean to be
24 argumentative. Let me ask once again, just
25 to make sure that I understand your answer.

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1 So you believe that you can
2 have a risk factor -- well, strike that.
3 You -- it's your testimony that
4 if you have a risk factor for ovarian cancer,
5 that it is not possible to get cancer from
6 something totally different?
7 DR. THOMPSON: Object to form,
8 misstates --
9 A. That's not what I said. That's
10 not what I said.
11 BY MR. ZELLERS:
12 Q. Let me ask that question.
13 Is it possible to have a risk
14 factor for ovarian cancer and then develop
15 ovarian cancer from something totally
16 different than that risk factor?
17 A. That's not a risk factor --
18 that's not a known risk factor for ovarian
19 cancer?
20 Q. That's not a known risk factor.
21 A. Well --
22 DR. THOMPSON: Object to form.
23 A. -- maybe, but what would that
24 be? I mean, that's information we don't
25 have.

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1 BY MR. ZELLERS:
2 Q. Well, there's many
3 undiscovered, unknown genetic mutations,
4 correct?
5 A. Not as many as there were
6 before the end of the Human Genome Project.
7 Q. Do you believe that virtually
8 all of the gene mutations that exist have
9 been identified?
10 A. So are you talking about
11 inherited gene mutations --
12 Q. Yes.
13 A. -- or somatic gene mutations?
14 Q. Inherited.
15 A. Inherited.
16 I believe that for ovarian
17 cancer, the vast majority have been
18 identified. There have been more after BRCA1
19 and 2, but still, if you look at the
20 percentages of ovarian cancer that are caused
21 by a hereditary mutation, the vast majority
22 are still BRCA1 and BRCA2; and the more
23 recent ones that they found account for
24 smaller and smaller and smaller numbers of
25 ovarian cancers.

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1 Q. In your opinion, are there any
 2 undiscovered somatic gene mutations?
 3 A. Well, I'm sure there are
 4 because there's so many genes and there's so
 5 much DNA, and by the time you look at
 6 somebody's cancer and try to look at how many
 7 somatic mutations there are, there are so
 8 many mutations that I think even in one
 9 cancer, you can't tell all of them.
 10 Q. Would you agree that just
 11 because a woman used talc, that fact alone is
 12 not enough for you to conclude that talc
 13 caused her ovarian cancer? Correct?
 14 DR. THOMPSON: Object to form.
 15 A. So the use of talc, the patency
 16 of her reproductive tract, the timing of the
 17 use of talc, the finding of talc in her
 18 tissues, I put all of those things together,
 19 so it's all of those things.
 20 BY MR. ZELLERS:
 21 Q. Is the finding of talc in her
 22 reproductive tissues important to you in
 23 terms of reaching a conclusion that talc
 24 caused an individual woman's ovarian cancer?
 25 DR. THOMPSON: Object to form.

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1 A. Finding talc either in her
 2 reproductive tract or somewhere in her
 3 peritoneal cavity or her pelvic lymph nodes
 4 definitely supports my opinion.
 5 DR. THOMPSON: Anytime you're
 6 ready for a break or maybe I should
 7 just say it's a good time as soon as
 8 you get to a transition.
 9 MR. ZELLERS: Let's take a
 10 break now.
 11 DR. THOMPSON: Okay. Thanks.
 12 MR. ZELLERS: Thank you.
 13 (Recess taken, 3:04 p.m. to
 14 3:13 p.m. CDT)
 15 BY MR. ZELLERS:
 16 Q. Dr. Wolf, there is no biomarker
 17 that allows you to determine that an
 18 individual woman got ovarian cancer from
 19 talc; is that right?
 20 A. That's correct.
 21 Q. In order to come up with or
 22 develop a causation opinion, you look at the
 23 circumstantial evidence, meaning a woman who
 24 has used talc, talc in tissue, an absence of
 25 other risk factors; is that correct?

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1 DR. THOMPSON: Object to form.
 2 A. So I look at the entire medical
 3 history of the patient and what all her risk
 4 factors may or may not be, and any protective
 5 factors that she might have, to determine if
 6 talc is a cause of her cancer.
 7 BY MR. ZELLERS:
 8 Q. The more risk factors that a
 9 particular woman has, the harder it is to
 10 make a definitive opinion with respect to
 11 causation and talc?
 12 MS. GARBER: Object to the
 13 form.
 14 DR. THOMPSON: Object to form.
 15 A. I think the more risk factors
 16 she has, the easier it is to understand why
 17 she got ovarian cancer in the first place,
 18 because ovarian cancer is multifactorial,
 19 right? So if I can identify certain things
 20 that might have caused genetic mutations,
 21 then it's easier to see why there was cancer.
 22 But if there's something that was modifiable
 23 that she could change, but she didn't because
 24 she didn't know it was something bad that
 25 could harm her, you know, that's something to

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1 consider.
 2 So just because a woman has
 3 other risk factors doesn't mean that her talc
 4 use was not a cause of her cancer.
 5 BY MR. ZELLERS:
 6 Q. And just because a woman used
 7 talc certainly does not mean that she is
 8 going to develop ovarian cancer, correct?
 9 A. I believe there are many woman
 10 who have used talc and have not gotten
 11 ovarian cancer. There are many women who
 12 have lived to 90 and not gotten ovarian
 13 cancer. There are many women who have BRCA
 14 mutations that have not gotten ovarian
 15 cancer.
 16 Q. Generally speaking, there are
 17 some number of genetic mutations that are
 18 required to cause ovarian cancer; is that
 19 correct?
 20 A. Yes.
 21 Q. You refer to this as the
 22 two-hit hypothesis of carcinogenesis; is that
 23 right?
 24 A. Yes. That's not my term.
 25 That's Dr. Knudson's term.

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1 MR. ZELLERS: We can be off the
2 record.
3 (Recess taken, 4:00 p.m. to
4 4:12 p.m. CDT)
5 BY MR. ZELLERS:
6 Q. Dr. Wolf, are you ready to
7 continue?
8 A. I am.
9 Q. You have prepared case-specific
10 opinions regarding Ms. Anna Gallardo; is that
11 right?
12 A. Yes.
13 Q. We had previously marked her
14 case-specific report as Exhibit 7.
15 MR. ZELLERS: Mr. Court
16 reporter, could you help the witness
17 find Exhibit 7?
18 (Interruption by the
19 stenographer.)
20 A. Got it.
21 BY MR. ZELLERS:
22 Q. The first 20 pages of your
23 report on Ms. Gallardo is the same as the
24 general amended report that we've discussed,
25 Exhibit 3; is that right?

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1 A. That's correct.
2 Q. I see that you have a binder in
3 front of you.
4 A. Yes.
5 Q. What's contained in your
6 binder? It looks like the case-specific
7 report is first?
8 A. Right, with my -- so the
9 general causation, the case specific, my CV.
10 Q. Is it the same CV as was
11 attached to your general amended report?
12 A. Yes.
13 Q. All right. Tomorrow you're
14 going to bring --
15 A. An updated one.
16 Q. -- an updated one.
17 A. Yeah.
18 Q. What else is contained in your
19 binder?
20 A. The scientific literature list,
21 and then some of her records, her operative
22 report, her genetic testing report, some
23 office visits, her deposition, her plaintiff
24 profile form, her husband's deposition, and
25 Dr. Mutch's deposition.

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1 Q. Anything else?
2 A. That is all that is in here
3 that I can see.
4 Q. All of those documents are
5 identified in your case-specific report; is
6 that right?
7 A. Yes.
8 Q. It's your opinion that talcum
9 powder was a cause of Ms. Gallardo's
10 endometrioid ovarian cancer; is that right?
11 A. That's correct.
12 Q. If she had never used talc, she
13 never would have gotten ovarian cancer; is
14 that what you're saying?
15 DR. THOMPSON: Object to form.
16 A. That's not what I'm saying.
17 BY MR. ZELLERS:
18 Q. It's possible that she could
19 have developed ovarian cancer even if she had
20 never used talc, based upon your review of
21 the records and the scientific literature; is
22 that right?
23 MS. GARBER: Object to the
24 form.
25 A. So she did use talc and it is

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1 my opinion that that is a cause of her
2 cancer. There are women who don't use talc
3 who get ovarian cancer.
4 BY MR. ZELLERS:
5 Q. Ms. Gallardo was 60 years old
6 when diagnosed?
7 A. Yes.
8 Q. Could Ms. Gallardo's age have
9 caused her ovarian cancer?
10 MS. GARBER: Object to the
11 form.
12 DR. THOMPSON: Object to form.
13 A. So she is approximately the
14 average age of ovarian cancer, a little
15 younger. Age could be a risk factor,
16 although she's younger than the average age.
17 BY MR. ZELLERS:
18 Q. Could age have caused her
19 ovarian cancer?
20 DR. THOMPSON: Object to form.
21 MS. GARBER: Object to the
22 form.
23 A. Age could be a cause of ovarian
24 cancer in anyone.
25 ///

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1 BY MR. ZELLERS:

2 Q. Including Ms. Gallardo; is that
3 right?

4 A. She -- I feel like it's
5 unlikely that it was a cause of her ovarian
6 cancer, as she was younger than the average
7 age.

8 Q. You believe that if a
9 patient -- or strike that -- if a person, a
10 woman, is 60 years old, that age is unlikely
11 to have caused her ovarian cancer?

12 MS. GARBER: Object to the
13 form.

14 A. Age could be a contributing
15 factor to her cancer, but if I were asked to
16 say what caused cancer in someone who is 60,
17 I would not call out her age.

18 BY MR. ZELLERS:

19 Q. Would age have increased her
20 risk for ovarian cancer?

21 A. At age 60? I mean, more than
22 if she were 30.

23 Q. Would it have increased her
24 risk for more mutations?

25 MS. GARBER: Object to the

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1 form.

2 DR. THOMPSON: Object to form.

3 A. So the longer anyone lives, the
4 greater the chances that they could get more
5 mutations.

6 BY MR. ZELLERS:

7 Q. Could her use of [REDACTED]
8 [REDACTED] have caused her cancer?

9 DR. THOMPSON: Object to form.

10 MS. GARBER: Object to the
11 form.

12 A. I'm looking at her use of
13 [REDACTED].

14 (Document review.)

15 A. For a very short period of
16 time. I'm not aware that less-than-a-year
17 use of [REDACTED] can
18 cause ovarian cancer.

19 BY MR. ZELLERS:

20 Q. So that's a no, you don't
21 believe that her use of [REDACTED] could
22 have caused or contributed to her ovarian
23 cancer? Is that your opinion?

24 A. I do not think it was the cause
25 of her ovarian cancer.

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1 Q. Was it a risk factor for her
2 ovarian cancer?

3 A. I do not believe her short
4 period of use of oral hormone replacement
5 therapy was a risk factor for her ovarian
6 cancer.

7 Q. Could Ms. Gallardo's family
8 history of [REDACTED] have played a role in her
9 development of ovarian cancer?

10 DR. THOMPSON: Object to form.

11 A. I don't believe that her family
12 history played a role. She didn't have any
13 history of breast or ovarian cancer in her
14 family.

15 BY MR. ZELLERS:

16 Q. Father had [REDACTED],
17 right?

18 A. Yes.

19 Q. Uncle had [REDACTED]?

20 A. Yes.

21 Q. And had [REDACTED]?

22 A. Yes.

23 Q. Half-brother also had [REDACTED]?

24 A. None of those are associated
25 with an increased risk of ovarian cancer.

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1 Q. You're familiar with
2 endometriosis, correct?

3 A. Yes.

4 Q. You agree that many women with
5 endometriosis have not been diagnosed with
6 endometriosis?

7 DR. THOMPSON: Object to form.

8 A. I don't know how you could
9 diagnose a woman -- I don't know how you know
10 she has endometriosis unless you've diagnosed
11 that she has endometriosis.

12 BY MR. ZELLERS:

13 Q. Is, in your experience,
14 endometriosis a condition that may go
15 undiagnosed?

16 A. Yes, until somebody has surgery
17 and they are found to have endometriosis,
18 which she was not.

19 Q. Endometriosis is also a risk
20 factor for endometrioid subtype ovarian
21 cancer, correct?

22 A. Yes.

23 Q. Do you agree that the signs and
24 symptoms of endometriosis include endometrial
25 polyps, postmenopausal bleeding and chronic

<p style="text-align: right;">Page 398</p> <p>1 certainty how much talc caused the ovarian 2 cancer versus HRT versus age versus obesity. 3 Is that a fair understanding of 4 your opinion? 5 DR. THOMPSON: Object to form. 6 A. So it would be my opinion in a 7 hypothetical woman like that that it was 8 likely the combination of those things and 9 that talc was one of those causes, obesity is 10 one of those causes. I can't remember what 11 else you said she had as a cause. Hormone 12 replacement therapy, a cause. 13 BY MR. ZELLERS: 14 Q. But you would not be able to 15 apportion out or say to what percent any one 16 risk factor may have been a cause in our 17 hypothetical situation; fair? 18 A. I don't believe that anyone 19 could do that. 20 Q. Is it impossible to say that 21 known and unknown confounding factors have 22 been identified for ovarian cancer? 23 DR. THOMPSON: Object to form. 24 A. Is it impossible -- 25 ///</p>	<p style="text-align: right;">Page 400</p> <p>1 Many new factors that are 2 possibly involved in ovarian cancer are just 3 being published on in the literature; is that 4 right? 5 DR. THOMPSON: Object to form. 6 A. Many new factors? I would 7 disagree with that assessment. 8 BY MR. ZELLERS: 9 Q. New factors -- 10 DR. THOMPSON: Object to form. 11 BY MR. ZELLERS: 12 Q. -- are being published all the 13 time in the literature that are possibly 14 involved with ovarian cancer. 15 DR. THOMPSON: Object to form. 16 A. Not many that come to mind. 17 BY MR. ZELLERS: 18 Q. Some? 19 DR. THOMPSON: Object to form. 20 A. I can't think of a risk factor 21 that I would consider new. 22 BY MR. ZELLERS: 23 Q. Well, there's literature out 24 that a history of chlamydia could be a risk 25 factor for ovarian cancer, correct?</p>
<p style="text-align: right;">Page 399</p> <p>1 BY MR. ZELLERS: 2 Q. Let me ask a better question. 3 There may be known and there 4 may be unknown confounding factors for 5 ovarian cancer in a given case, correct? 6 DR. THOMPSON: Object to form. 7 A. Confounding risk factors, is 8 that what you're asking? 9 BY MR. ZELLERS: 10 Q. Yes, risk factors. 11 A. Unknown risk factors? 12 Q. There are unknown risk factors, 13 correct? 14 DR. THOMPSON: Object to form. 15 BY MR. ZELLERS: 16 Q. Relating to ovarian cancer? 17 DR. THOMPSON: Object to form. 18 A. I never -- I mean, I -- 19 BY MR. ZELLERS: 20 Q. Let me ask -- 21 A. -- think about risk factors, 22 protective factors. I never assess anyone as 23 what is an unknown risk factor that that 24 person might have. 25 Q. Let me ask it a different way.</p>	<p style="text-align: right;">Page 401</p> <p>1 A. Well, that would be a risk 2 factor that would be associated with chronic 3 pelvic inflammatory disease, and that's not 4 new. 5 Q. So it's been well known that 6 chlamydia -- a history of chlamydia is a risk 7 factor for ovarian cancer? 8 A. Specifically chlamydia, I'm not 9 sure when that was first published, but I 10 lump chlamydia in chronic pelvic infections, 11 which I believe is what that is associated 12 with. 13 Q. All right. 14 A. And that is not new. 15 Q. The bottom line is: When you 16 do your analysis, do your methodology, you do 17 not consider potential unknown causes or risk 18 factors for ovarian cancer, correct? 19 DR. THOMPSON: Object to form. 20 BY MR. ZELLERS: 21 Q. You deal with known, 22 established risk factors? 23 DR. THOMPSON: Object to form. 24 A. Certainly there can always be 25 unknown as yet hypothetical things that at</p>

<p style="text-align: right;">Page 406</p> <p>1 BY MR. ZELLERS:</p> <p>2 Q. You did not find evidence of</p> <p>3 talcum powder use in Ms. Gallardo's medical</p> <p>4 records, correct?</p> <p>5 A. No.</p> <p>6 Q. Ms. Gallardo's treating</p> <p>7 physician, Dr. Mutch, testified that he does</p> <p>8 not recall the topic of Ms. Gallardo's talc</p> <p>9 use ever coming up.</p> <p>10 A. That's correct, to my</p> <p>11 recollection. I do have Dr. Mutch's</p> <p>12 deposition.</p> <p>13 Q. My recollection is the same as</p> <p>14 yours.</p> <p>15 So Dr. Mutch was not aware that</p> <p>16 Ms. Gallardo, at least based upon the records</p> <p>17 you reviewed, was using talcum powder during</p> <p>18 his ordinary care and treatment of her,</p> <p>19 correct?</p> <p>20 DR. THOMPSON: Object to form.</p> <p>21 A. Well, I'm not sure she was</p> <p>22 using it when -- by the time she saw</p> <p>23 Dr. Mutch, because she wasn't diagnosed until</p> <p>24 2013, and she, according to her deposition,</p> <p>25 had stopped using in 1988. So it wasn't</p>	<p style="text-align: right;">Page 408</p> <p>1 A. I'm trying to remember what she</p> <p>2 did for a living and where she lived, but in</p> <p>3 my recollection of her deposition, there</p> <p>4 wasn't anything in her background that would</p> <p>5 have indicated that she was exposed to</p> <p>6 asbestos outside of in her normal daily life.</p> <p>7 BY MR. ZELLERS:</p> <p>8 Q. Other than review</p> <p>9 Ms. Gallardo's medical records and</p> <p>10 deposition, did you do anything to figure out</p> <p>11 whether or not she could have been exposed to</p> <p>12 asbestos?</p> <p>13 DR. THOMPSON: Object to form.</p> <p>14 A. So I'm not sure how I would</p> <p>15 have done that.</p> <p>16 BY MR. ZELLERS:</p> <p>17 Q. The answer is no, correct?</p> <p>18 A. That's correct.</p> <p>19 DR. THOMPSON: Object to form.</p> <p>20 MS. GARBER: Object to the</p> <p>21 form.</p> <p>22 MR. ZELLERS: Did you get the</p> <p>23 answer?</p> <p>24 THE STENOGRAPHER: I did.</p> <p>25 ///</p>
<p style="text-align: right;">Page 407</p> <p>1 while he was seeing her.</p> <p>2 BY MR. ZELLERS:</p> <p>3 Q. All right. Bottom line is all</p> <p>4 of the evidence that you have that</p> <p>5 Ms. Gallardo used talcum powder for decades</p> <p>6 comes from the allegations that she's made in</p> <p>7 the context of this lawsuit; is that correct?</p> <p>8 DR. THOMPSON: Object to form.</p> <p>9 MS. GARBER: Object to the</p> <p>10 form.</p> <p>11 A. It comes from her plaintiff</p> <p>12 form, from her deposition, and I believe her</p> <p>13 husband confirmed it in his deposition.</p> <p>14 BY MR. ZELLERS:</p> <p>15 Q. Is it your opinion that</p> <p>16 Ms. Gallardo's endometrioid cancer was caused</p> <p>17 by asbestos?</p> <p>18 DR. THOMPSON: Object to form.</p> <p>19 A. It's my opinion that her cancer</p> <p>20 was caused by her use of talcum powder.</p> <p>21 BY MR. ZELLERS:</p> <p>22 Q. Did you do an investigation</p> <p>23 into whether or not Ms. Gallardo was exposed</p> <p>24 to asbestos over the course of her lifetime?</p> <p>25 DR. THOMPSON: Object to form.</p>	<p style="text-align: right;">Page 409</p> <p>1 BY MR. ZELLERS:</p> <p>2 Q. Is it your opinion that</p> <p>3 asbestos exposure can cause endometrioid</p> <p>4 cancer cell -- cancer -- let me withdraw</p> <p>5 that.</p> <p>6 Is it your opinion that</p> <p>7 asbestos exposure can cause endometrioid cell</p> <p>8 cancer?</p> <p>9 A. So it is my opinion that</p> <p>10 asbestos can cause ovarian cancer. I am not</p> <p>11 clear that in IARC '12 they looked at</p> <p>12 subtypes specifically.</p> <p>13 Q. In terms of whether or not</p> <p>14 Ms. Gallardo had an adequate exposure to</p> <p>15 asbestos, you know nothing about any exposure</p> <p>16 to asbestos in Ms. Gallardo's case; is that</p> <p>17 right?</p> <p>18 DR. THOMPSON: Object to form.</p> <p>19 MS. GARBER: Object to the</p> <p>20 form.</p> <p>21 A. So --</p> <p>22 BY MR. ZELLERS:</p> <p>23 Q. Let me withdraw and let me ask</p> <p>24 hopefully a better, easier question.</p> <p>25 You have no opinion that</p>

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1 A. The testing today often has
2 more genes, yes.
3 BY MR. ZELLERS:
4 Q. You're aware that
5 Ms. Gallardo's mother had a [REDACTED]
6 [REDACTED] in her forties?
7 A. I don't recall that from her
8 records.
9 Q. Do you know whether or not
10 Ms. Gallardo's mother had her [REDACTED] removed
11 during her [REDACTED]?
12 A. I don't.
13 Q. If she did have her [REDACTED]
14 removed, that would prevent her from
15 developing ovarian cancer, correct?
16 A. Most of the time.
17 Q. So we just don't know whether
18 Ms. Gallardo's mother would have developed
19 any type of gynecologic cancer, including
20 ovarian cancer, correct?
21 DR. THOMPSON: Object to form.
22 MS. GARBER: Object to the
23 form.
24 A. We don't know about her
25 ovaries. We know she had here [REDACTED] out.

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1 We don't know about her [REDACTED] or her
2 [REDACTED]. So I don't think there's
3 any information to add to that one way or
4 another.
5 MR. ZELLERS: All right. Let's
6 end for today. Because we went out of
7 order on this case, I may have a few
8 follow-up questions tomorrow, but I've
9 covered at least the bulk of my
10 questions relating to Ms. Gallardo.
11 So we'll come back in the
12 morning, and we will do the other
13 three cases.
14 THE WITNESS: Okay.
15 MR. ZELLERS: Okay. We're off
16 the record.
17 (Time noted: 6:01 p.m. CDT)
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1 CERTIFICATE
2 I, MICHAEL E. MILLER, Fellow of
3 the Academy of Professional Reporters,
4 Registered Diplomate Reporter, Certified
5 Realtime Reporter, Certified Court Reporter
6 and Notary Public, do hereby certify that
7 prior to the commencement of the examination,
8 JUDITH WOLF, M.D. was duly sworn by me to
9 testify to the truth, the whole truth and
10 nothing but the truth.
11 I DO FURTHER CERTIFY that the
12 foregoing is a verbatim transcript of the
13 testimony as taken stenographically by and
14 before me at the time, place and on the date
15 hereinbefore set forth, to the best of my
16 ability.
17 I DO FURTHER CERTIFY that pursuant
18 to FRCP Rule 30, signature of the witness was
19 not requested by the witness or other party
20 before the conclusion of the deposition.
21 I DO FURTHER CERTIFY that I am
22 neither a relative nor employee nor attorney
23 nor counsel of any of the parties to this
24 action, and that I am neither a relative nor
25 employee of such attorney or counsel, and
that I am not financially interested in the
action.

MICHAEL E. MILLER, FAPR, RDR, CRR
Fellow of the Academy of Professional Reporters
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Notary Public in and for the
State of Texas
My Commission Expires: 7/9/2024

Dated: September 16, 2021

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1 INSTRUCTIONS TO WITNESS
2
3 Please read your deposition over
4 carefully and make any necessary corrections.
5 You should state the reason in the
6 appropriate space on the errata sheet for any
7 corrections that are made.
8 After doing so, please sign the
9 errata sheet and date it.
10 You are signing same subject to
11 the changes you have noted on the errata
12 sheet, which will be attached to your
13 deposition.
14 It is imperative that you return
15 the original errata sheet to the deposing
16 attorney within thirty (30) days of receipt
17 of the deposition transcript by you. If you
18 fail to do so, the deposition transcript may
19 be deemed to be accurate and may be used in
20 court.
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22
23
24
25